



DEPARTMENT FOR THE AGING

2 LAFAYETTE STREET
New York, New York 10007-1392

Edwin Méndez-Santiago, LMSW
Commissioner

September, 2005

Dear Colleague:

I am pleased to share with you the New York City Department for the Aging's **Annual Plan Summary** for **2006-2007**. This Plan provides a valuable opportunity for the Department to share its goals and objectives with the aging network. A series of public hearings on the plan provide forums for consumers, community partners, advocates, and other interested parties to give the Department feedback and suggestions on critical issues that impact the elderly of New York City.

I strongly encourage you to attend or testify at one of our five public hearings (please see the plan for the schedule). I am particularly interested this year in eliciting viewpoints and receiving recommendations on the following key areas of concern:

- *What types of services should the Department adopt or expand to attract new and ethnically diverse seniors to senior centers?*
- *What actions can the Department and the aging services network take to best position itself for the Point of Entry System (POE) for long-term care proposed by the State?*
- *How can the aging services network improve efficiency and maximize economies of scale through bulk purchasing?*
- *What types of services are needed to re-engage socially isolated seniors in their communities and provide them with meaningful roles?*
- *How can the Department incorporate health and mental health activities into its health promotion services?*

If you are unable to attend one of the hearings, please feel free to submit written comments. The Department welcomes your input and values your expertise. All comments will be carefully considered and after the public hearings in October 2005, the Department will prepare an executive summary of comments, and the DFTA response will be available on the agency website. I look forward to learning from you as you share your insights and ideas.

Sincerely,

Edwin Méndez-Santiago, LMSW

Annual Plan Summary

April 1, 2006– March 31, 2007

For

Older Americans Act

And

**New York State Community Services
for the Elderly Program**

And

**Expanded In-Home Services for the
Elderly Program**

September 2005

**NEW YORK CITY DEPARTMENT FOR THE AGING
2 Lafayette Street
New York, New York 10007**

**Michael R. Bloomberg
Mayor**

**Edwin Méndez-Santiago, LMSW
Commissioner**

PUBLIC HEARING SCHEDULE

The Department for the Aging encourages comment upon its Annual Plan Summary and looks forward to receiving testimony at its annual Public Hearings, to be held from October 17 through November 3, 2005.

Hearings are scheduled for each borough as follows:

BRONX

Monday, October 17, 2005
10:00 A.M. – 12:00 Noon
Lincoln Medical and Mental Health Center
234 East 149th Street - Auditorium
Bronx, NY 10451

STATEN ISLAND

Thursday, October 20, 2005
10:00 A.M. – 12:00 Noon
Community Board 2 Office
Sea View Hospital
460 Brielle Ave
Staten Island, NY 10314

MANHATTAN

Monday, October 24, 2005
10:00 A.M. – 12:00 Noon
220 Church Street
Room 328
New York, NY 10013

BROOKLYN

Thursday, October 27, 2005
10:00 A.M. – 12:00 Noon
Brooklyn Borough Hall Courtroom
209 Joralemon Street
Brooklyn, NY 11201

QUEENS

Thursday, November 3, 2005
10:00 A.M. – 12:00 Noon
Queens Borough Hall
120-55 Queens Blvd. – Room 213
Kew Gardens, NY 11424

TABLE OF CONTENTS

PUBLIC HEARING SCHEDULE..... 1

TABLE OF CONTENTS..... 2

I. INTRODUCTION..... 3

 A. NEW YORK CITY DEPARTMENT FOR THE AGING.....3

 B. PUBLIC HEARINGS..... 3

 C. PURPOSE AND SCOPE OF THE PLAN..... 3

 D. ADVISORY COUNCIL AND COMMUNITY PARTNERS 4

 E. DEPARTMENT WEBSITE – WWW.NYC.GOV/AGING 4

II. ASSESSING THE NEEDS OF THE CITY'S ELDERLY..... 6

 A. THE CHANGING ELDERLY POPULATION 6

 B. THE NEEDS OF THE ELDERLY..... 14

III. DFTA MISSION AND STRATEGIC GOALS 26

IV. ADVOCACY OBJECTIVES..... 33

V. PROJECTED DEPARTMENT RESOURCES, EXPENDITURES AND SERVICE OBJECTIVES 35

 PROJECTED FISCAL YEAR 2005 BUDGET 36

 PLANNED SUPPORT BY TYPE OF COMMUNITY-BASED SERVICE 38

 PLANNED SERVICE LEVELS BY TYPE OF COMMUNITY-BASED SERVICE 40

ENDNOTES 42

The Annual Plan Summary was prepared by Linda Black, Planning Specialist, and Joyce Chin, Director of Planning, in collaboration with managers and staff throughout the Department. Dr. Jackie Berman, Director of Research, prepared demographic analyses. To receive additional copies, please contact the Department by telephone at (212) 442-0960 or visit the Department's website.

New York City Department for the Aging
Website: www.nyc.gov/aging

I. INTRODUCTION

A. NEW YORK CITY DEPARTMENT FOR THE AGING

The New York City Department for the Aging (DFTA) was established as both a Federal and a municipal entity to represent and address the needs of the elderly residents of New York City. Among the 39 Mayoral agencies in New York City government, DFTA is the lead agency to address public policy and service issues regarding the elderly. The Department is also a part of the Federal network of Area Agencies on Aging (AAA) and is the largest AAA in the nation. In this capacity, the Department represents the concerns of urban centers on a national scale and advocates on legislative, regulatory, and socio-economic issues that affect older adults.

The Department's activities are directed toward the provision of community-based programs and services that foster independence, safety, wellness, and quality of life for seniors. The Department continues a long history of collaborative partnerships with community-based organizations that work with seniors to help them remain living in their homes and to sustain their independence and active participation in their local communities.

B. PUBLIC HEARINGS

Each year, the Department for the Aging conducts public hearings in all five boroughs to obtain recommendations and comments on its proposed Area Plan for the Older Americans Act (OAA), the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP).

The public hearings provide an opportunity for older persons, service providers, and advocates to identify priority needs, recommend ways to enhance services, and suggest an agenda for legislative advocacy to DFTA and its Senior Advisory Council. The Department welcomes written and oral testimony on the Annual Plan Summary. Input from the public will help DFTA update its plan for Fiscal Year 2007 and enhance its long-term efforts on behalf of the city's elderly.

The Department provides a written response to public comments. The executive summary of comments received at the public hearings held in October 2004 and the DFTA response are now available on the DFTA website. After the public hearings in October 2005, the Department will prepare an executive summary and the DFTA response will again be available on the agency website.

C. PURPOSE AND SCOPE OF THE PLAN

In accordance with the Older Americans Act Amendments of 2000, this document represents the third year of a Four Year Plan covering the period April 1, 2004 to March 31,

2008. It will be submitted to the New York State Office for the Aging. It presents strategic objectives for programs funded through the Older Americans Act, the New York State Community Services for the Elderly Program, the Expanded In-Home Services for the Elderly Program, and other sources for the period April 1, 2006 to March 31, 2007.

The Older Americans Act requires the provision of nutrition, employment, legal, access and in-home services; the Community Services for the Elderly Program and the Expanded In-Home Services for the Elderly Program require the provision of community-based services for the frail elderly. The Department works with its Senior Advisory Council, Interagency Councils on Aging, service consumers, voluntary agencies, advocacy and provider groups, and Community Boards to identify and address local needs. The allocation of Departmental resources is determined by legislative mandates and directives, the availability of funding, the results of demographic analyses, assessment of unmet needs, recommendations from local communities, and the availability of services through other sources.

D. ADVISORY COUNCIL AND COMMUNITY PARTNERS

The Department provides community partners with various opportunities to constructively engage with DFTA and provide their insights and recommendations:

- **DFTA's Senior Advisory Council:** Council members are service utilizers or providers and offer a unique perspective on aging issues and services.
- **Ongoing Meetings and Dialogue:** Through ongoing meetings and dialogue with community groups, interagency councils, and advocacy groups, the Department gains invaluable feedback and input regarding its services and programs.
- **Public Forums:** Service providers, community leaders, as well as the general public are encouraged to share their views and recommendations in various public forums that focus on aging services (e.g. Annual Plan Summary Hearings, Borough Budget Consultations, etc.).

E. DEPARTMENT WEBSITE – WWW.NYC.GOV/AGING

The Department invites the public, community partners, advocates and especially New York's seniors to visit the DFTA website. It includes the following:

- **Annual Plan Summary:** DFTA will post the Annual Plan Summary in October on the Department's website. In addition, the schedule of the Public Hearings and a copy of the reply card will also be available on the website.
- **Information and Resources:** The DFTA website includes resources for older New Yorkers and their families, community partners, and other organizations, including:

information about DFTA, senior programs and services, policy information, demographic trends, "Quick Check," publications, and special events. In Fiscal 2004, the Department added a web-based calendar of events on DFTA's website to help publicize Department events to seniors, community-based organizations and other partners.

II. ASSESSING THE NEEDS OF THE CITY'S ELDERLY

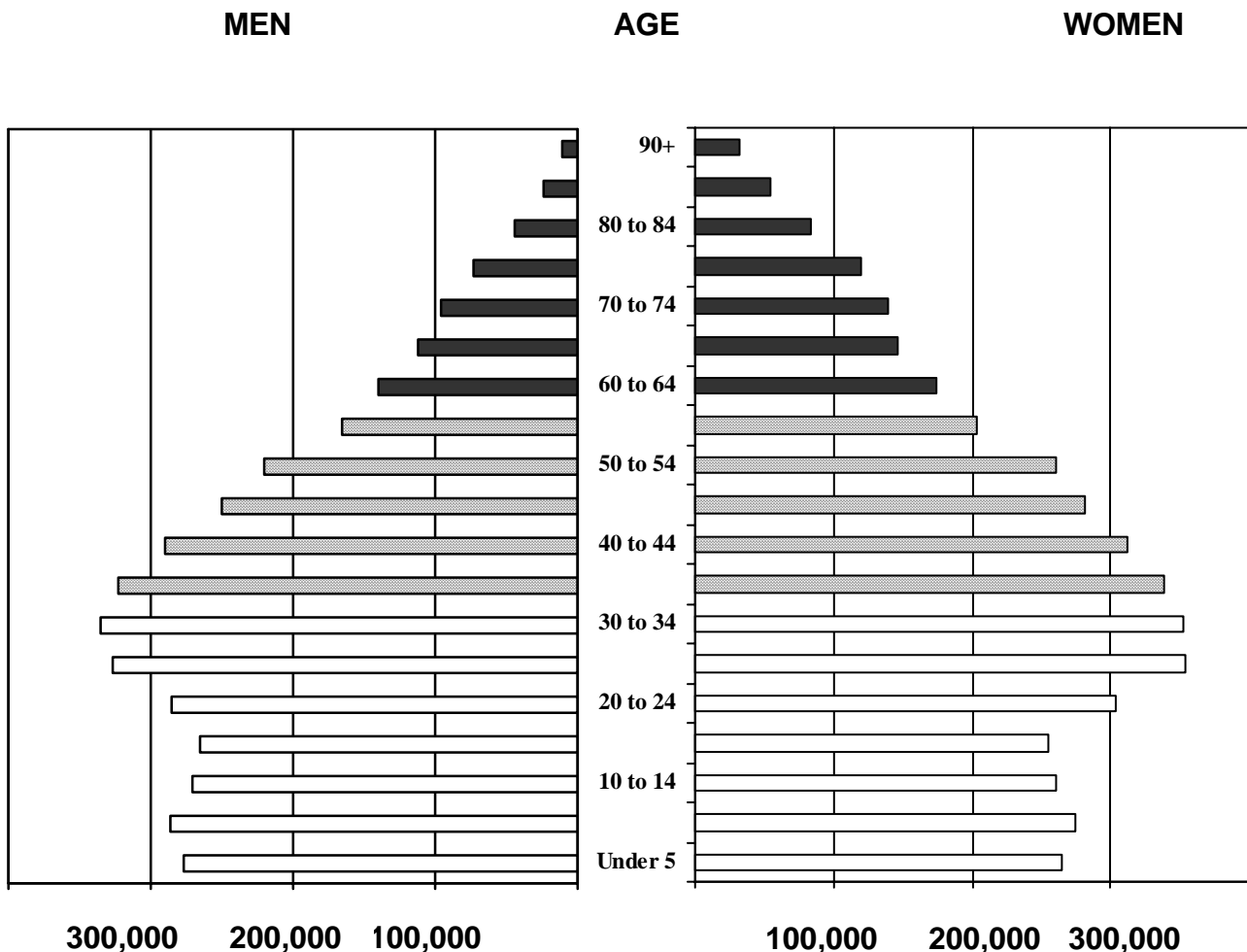
The senior population in New York City is large and ethnically, culturally, and economically diverse. Older New Yorkers have broad and wide-ranging service needs. Needs assessment is the first step to ensure appropriate and effective services. The Department identifies the needs of New York City's elderly through the following:

- the ongoing process of consultation with consumers, providers, advocates, and elected officials;
- the analyses of changing demographic patterns; and
- the analyses of the potential impact of policy and legislative changes on older New Yorkers.

A. THE CHANGING ELDERLY POPULATION

The results of the 2000 Census provide a foundation to determine the current and future needs of the elderly throughout the early years of the 21st Century.

Chart 1. Age and Sex Pyramid for New York City: 2000



The Age and Sex Pyramid (See Chart 1, p. 6) shows graphically an overall profile of New York City's general population.

- The area shaded in black reflects New York City's elderly age 60 and older (1.25 million adults), representing 15.6 percent of the City's population in 2000.
- The gray area represents New York City adults between the ages of 35 and 59 in 2000. This bulging segment of the population is the post-World War II "Baby Boom," representing 28.4 percent (2.6 million) of the City's population in 2000.

As the baby boom population continues to age and climb up the pyramid, the demand for aging services will increase.

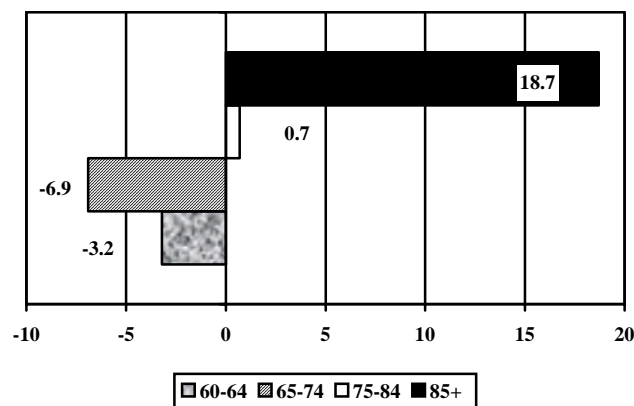
Agining of the Elderly Population

Based on the 2000 Census, the total elderly population in New York City declined slightly between 1990 and 2000, from 1.28 million to 1.25 million. However, the number of persons in the very old age groups increased (See Chart 2, below).

- From 1990 to 2000, the number of young elderly declined by 3.2 percent in the 60-64 age group and 6.9 percent in the 65-74 age group.
- The very oldest age group, 85 years and over, increased by 18.7 percent over the decade.

This increase in the very oldest age group creates a growing need for long-term care services. In this age group, disability is more prevalent; leading to an increase in demand for programs such as home care, adult day care, home delivered meals, and services to support Naturally Occurring Retirement Community (NORC) Programs.

Chart 2. Percent Change in Population by Selected Age Groups for New York City: 2000 and 1990



Life Expectancy

Declining mortality rates among the middle-aged and elderly have resulted in impressive increases in life expectancy in the United States. However, these gains are not shared uniformly across geographical regions, gender, or racial groups.

- From 1980 to 2000, life expectancy at birth in the U.S. rose by 4.2 years.
- Life expectancy in New York City has increased significantly for both men and women in the last decade. The life span for women increased by 3 years. For men, the life span increased by a striking 6.5 years. This is largely attributable to the drop in homicides and deaths resulting from AIDS.
- For the first time in 60 years, life expectancy for New Yorkers is above the national average by about 7 months. Across the nation, as well as in New York City, women continue to experience longer life expectancies compared to men at both birth and age 65.
- Life expectancy also differs by race. For example, whites live longer than blacks. In 2000, whites in New York City had an average life expectancy at birth of 77.6 years, while the average life expectancy for blacks was 72.7 years. Generally lower incomes and higher rates of poverty among blacks affect lifestyle and access to medical care, factors that in turn affect mortality and life expectancy.

Because increases in life expectancy are not experienced equally among the elderly population, service planning must address the existing inequalities and focus on the special needs of frail older women and minority elderly. Planners must consider issues such as a growing percentage of the elderly living alone, affordable and equitable health care, and diminishing income as the elderly age.

Minority Elderly

The 2000 Census data show that the racial/ethnic profile of the elderly population in New York City has changed dramatically. The non-Hispanic white elderly population is shrinking, while the number of minority elderly is rapidly growing. This trend is expected to continue (See Table A, page 9).

- In 2000, 47 percent of New Yorkers 60 or older in New York City were members of minority groups, compared to 35 percent in 1990.
- Between 1990 and 2000, the number of non-white elderly increased by 31 percent, while the number of white non-Hispanic elderly decreased by 20 percent.
- Racial and ethnic diversity is accompanied by cultural and language differences; over 170 languages are spoken in New York City.

Racial, cultural, and linguistic differences, coupled with the challenges of aging or a disability, can result in different help-seeking patterns. Many of the City's minority seniors

experience difficulty in accessing basic services. Some are immigrants who do not have health coverage and may not qualify for Medicare, Medicaid, or other Federal assistance programs. The service system for seniors must become more responsive to the minority elderly. Workers must be bilingual and racially and ethnically diverse to address the changing needs of seniors in their communities. In addition, leaders in the service network must reach out to minority communities to promote an equitable provision of services to all seniors.

TABLE A.

MINORITY ELDERLY IN NEW YORK CITY 1990-2000

Race/Ethnic Profile	1990 Census	2000 Census	Percent Change 1990-2000
Non-Hispanic White	835,000	668,000	-20%
• Hispanic	163,000	206,000	+26%
• Asian/Pacific Islander	48,000	87,000	+81%
• Black	228,000	261,000	14%
• Multiracial	N/A*	23,000	N/A
All Minorities	439,000	577,000	+31%

* About 23,000 (or 2%) of the City’s elderly residents identified themselves as multiracial – a category that did not exist in previous Census Reports.

Income Among the Elderly

- According to the 2000 Census, nearly 25 percent of all elderly headed households in New York City earned an annual income below \$10,000.
- Median household income of seniors in New York City in 2000 was \$23,388, an increase of 38 percent compared to the 1990 figure of \$16,885. All boroughs experienced a significant increase in the median income of seniors which ranged from 29 percent to 47 percent.
- In spite of a significant increase in the median income of seniors, household median income of New Yorkers (\$23,388) continued to remain lower compared with the nation (\$26,800) as a whole.
- In 2000, the median household income of older New Yorkers varied significantly by race/ethnicity. Compared with whites earning a median household income of nearly \$27,000, the median household income of:
 - Hispanics was 47 percent less at \$14,000,
 - Asians was 31 percent less at \$18,500, and
 - Blacks was 28 percent less at \$19,500.

In New York City, Social Security accounts for approximately 80 to 90 percent of income for people in the lowest two fifth of the income spectrum. Based on data from the Employee Benefit Research Institute (EBRI), the three major sources of income for people 65 and older in New York City include:

- Social Security – received by 85 percent of older persons, constituting 38 percent of total income.
- Income from assets – received by 47 percent of older persons, constituting 18.5 percent of total income.
- Public and private pension – received by 25 percent of older persons, constituting 14 percent of total income.

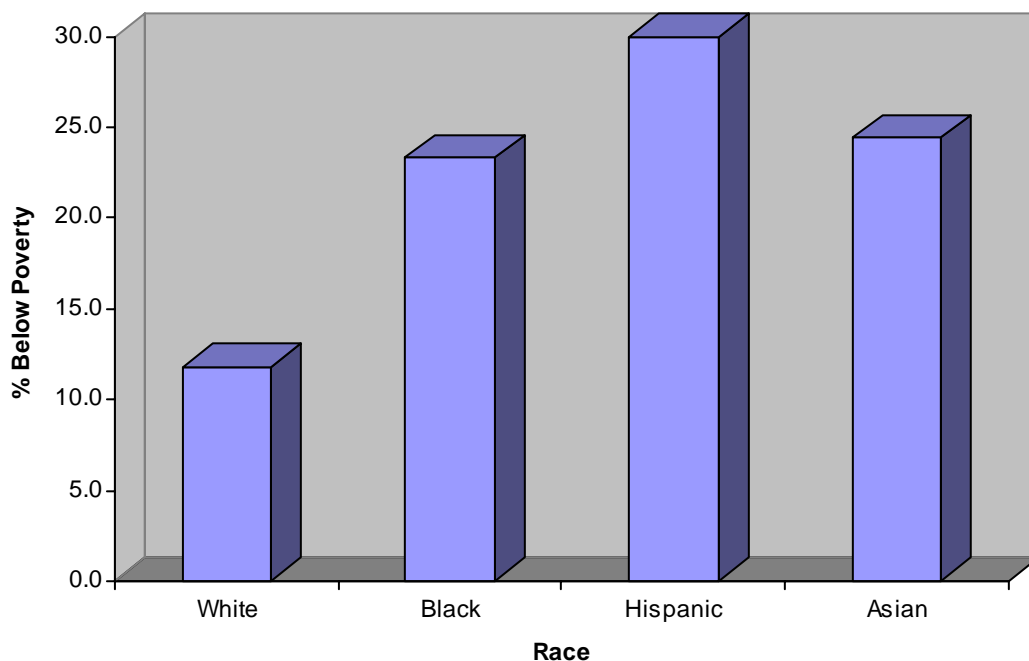
Elderly Living Below Poverty

While the United States has experienced a 13 percent drop in the national poverty rate among the elderly, New York City seniors experienced a 6.6 percent increase in poverty. Most older persons receive Social Security benefits, however those benefits are often inadequate to cover the high cost of living in New York City. In 1999, the median annual gross rent paid by New York City households 65 and older was nearly \$7,000. With less income for other necessities such as food, transportation and health care, the elderly who depend primarily on Social Security are vulnerable to poverty.

- The 2000 Census data reveal that 17.8 percent of New Yorkers age 65 and older live in poverty, compared to 9.9 percent nationwide. (See Chart 3, p. 11).
- Among those age 75 years and older, an alarming 18.3 percent (over 75,000 individuals) now live in poverty. Poverty among seniors in this age group increased by 4 percent between 1990 and 2000.
- The number of elderly women living below the poverty level grew from 111,690 in 1990, to 112,078 in 2000; they now comprise 20.2 percent of this group.
- Among Hispanic seniors, 30 percent were living in poverty in 2000; among Asian seniors, 24.4 percent lived in poverty; and 23.3 percent of black seniors were living in poverty.

Poverty is on the rise and is expected to increase dramatically, particularly affecting the oldest and frailest, women, minorities, seniors living alone and elderly with disabilities. Individuals who became functionally impaired during their working lives are more likely to suffer from poverty during retirement. It is likely that physical disabilities will be a greater cause of poverty among tomorrow's elderly than in the past.

Chart 3. Percent Below Poverty by Race and Ethnicity in New York City, 2000



	Total*	Number Below Poverty	% Below Poverty Level 2000
White	513,760	60,458	11.8
Black	186,385	43,384	23.3
Hispanic	134,702	40,380	30.0
Asian	57,775	14,071	24.4

*Number of persons for whom poverty was determined.

These data indicate that a large proportion of minority elderly live in poverty. Multiple services must be expanded and targeted to reach those most in need, including: income support programs, such as Supplemental Security Insurance (SSI), Food Stamps, Medicaid, Family Health Plus, and meals at congregate nutrition sites, as well as home delivered meals.

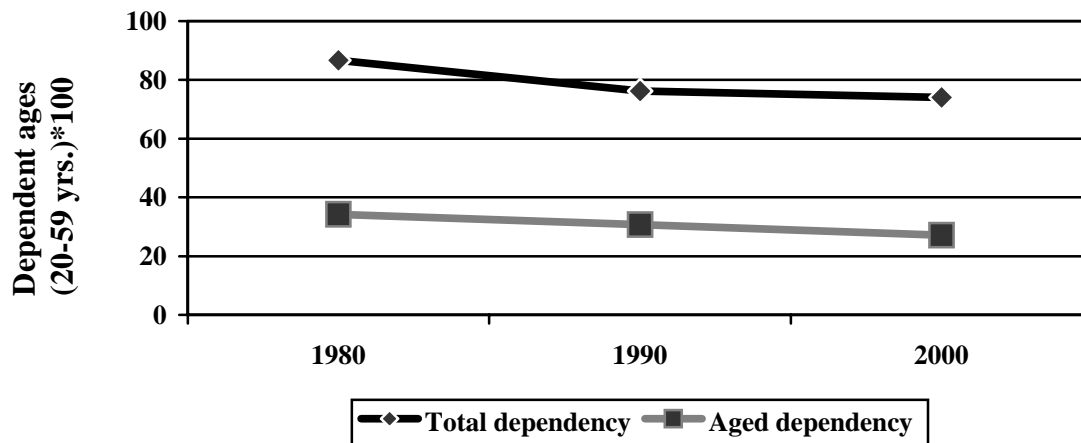
Dependency Ratios

The “dependency ratio” is an expression of the number of children and aged persons in a population in relation to the number of working-age persons.

- The “aged dependency ratio” measures the size of the elderly population compared to the working-age group.

- The “total dependency ratio” expresses the number of dependent persons per 100 in the active age groups: the higher the ratio, the greater the degree of dependency.
- The total dependency and the aged dependency ratio have both declined steadily and substantially since 1980 in New York City.

Chart 4. Dependency Ratios for New York City: 2000



Despite the recent decline in dependency ratios shown above, the aging of the Baby Boomer generation represented in Chart 1 indicates that this trend will reverse in the next two decades. Projections indicate that New York City can expect that the over 60 population will increase by approximately 20% by 2015.

Planning for the swelling of the senior population will present challenges in developing future services. The network of services must expand and adapt to the changing needs of a new cohort of well-elderly, while balancing the service needs of the increasing frail-elderly population.

Elderly Women

Between 1990 and 2000, the number of women age 60 years and over decreased by 3.3 percent in New York City. However, women continue to outnumber men by nearly 3 to 2. This ratio increases to 5 to 2 among persons 85 years and over.

- The number of women 85 and over increased by 18.7 percent from 1990 to 2000.
- While elderly women account for 60% of all older New Yorkers, they comprise 80% of the frail elderly population.

- Higher longevity among women results in more women living alone during the later years of their life, and they are more likely to have functional impairments, which require long-term care.
- Elderly women are more likely than men to have incomes below the poverty level, since women tend to receive lower Social Security payments. This is due, in part, to time spent out of the paid workforce, as well as a prevalence of lower paying salaries than their male counterparts during their years of employment.

Seniors Living Alone

According to the 2000 Census data, the proportion of the senior population who are living alone has decreased slightly during the last decade:

- In 2000, 32 percent of persons age 65 and over lived alone, compared to 33.5 percent 10 years before.
- In New York City, seniors who lived alone had the highest poverty rate (28.5%) among all elderly households.
- Single persons are more likely to have lower household incomes and, therefore, pay a higher proportion of their income for housing than those who live with another individual. Correspondingly, seniors living alone are in greater danger of economic hardship.

Health Status and Functional Capacity

While it is difficult to compare disability data for 1990 and 2000 because of the changes in the Census 2000 questionnaire, there are indications that disability among the elderly population increased significantly between 1990 to 2000.

In the 2000 census, there were over 417,000 elderly people in New York City who reported some kind of disability level. They represented over 46 percent of the total elderly population aged 65 and over in the civilian non-institutionalized population or nearly one person in two.

- Nearly 31 percent of persons 65 and older had physical disabilities that affected their walking, climbing stairs, reaching, lifting or carrying.
- Over 26 percent of those aged 65 and older had conditions that restricted their ability to go outside the home, shop or visit the doctor.
- About 14 percent had mental or emotional conditions, causing difficulties in learning, remembering or concentrating.
- Over 13 percent of persons 65 and older had sensory disabilities involving sight or hearing.

- Another 13 percent of persons 65 and older were limited in their abilities to perform self-care activities, such as dressing, bathing or getting around inside the home.

Disability was much higher among elderly New Yorkers as compared to the nation as a whole and this was true both for males and females. Poverty is associated with disability. The elderly with disabilities reported higher poverty rates compared with the elderly without disabilities.

About 185,000 elderly in New York City have a severe disability and they need assistance from others to function on a day to day basis. Older women have more difficulty with activities of daily living than do older men.

Disability was related to race but not strongly. Older non-Hispanic black and Hispanic men and women had higher disability rates compared with their counterpart non-Hispanic white men and women.

As the City's population ages and more elderly face disability, there is an ever-greater demand for comprehensive health care, in-home services, and family caregiver support. The service system must be strengthened to address these needs through proper caregiver support and resources, more effective use of case management, affordable medical care and prescription drug coverage, and development of a skilled workforce to meet the growing demand for in-home services.

B. THE NEEDS OF THE ELDERLY

New York City's elderly have diverse needs that are expanding and changing as demographic shifts in the population occur over time. While this Plan, developed by the New York City Department for the Aging, cannot cover the entire range of these needs, the areas below represent several of the most critical ones.

Income Support

Income support is one of the most critical and growing needs among the elderly:

- The poverty rate among those age 65 and over has increased in New York City from 16.5 percent in 1990 to 17.8 percent in 2000. This is substantially higher than the 10 percent poverty rate for the elderly nationally.
- The fastest growing segments of the elderly population are also the poorest: women living alone, minorities, and those age 75 and over. Even those above poverty frequently have insufficient incomes.
- The Federal poverty guidelines are very low, \$9,570 for a single person in 2005, and \$12,830 for a couple. Many who are in financial need do not qualify for most public benefits.

- Social Security remains the major source of income for senior households.
- Households relying heavily upon Social Security tend to earn very little. The current average annual Social Security benefit is \$11,509 for a single retired worker.

With an increasing percentage of New York City's elderly living in poverty it is vital to expand income support services and target seniors who are most in need. Services such as Medicaid, SSI, Food Stamps, congregate and home delivered meals, and housing subsidies provide essential support to seniors to improve their quality of life.

Health and Long-term Care

Chronic and Acute Illness: As individuals age, they are increasingly likely to suffer from chronic and acute illnesses.

- The most common chronic conditions among all groups age 50 and older are arthritis, hypertension, hearing impairments, heart disease, visual impairments, chronic obstructive pulmonary disease, and diabetes.¹
- The leading causes of hospitalization (in 2000) for New York City residents age 65 and older include heart disease, pneumonia and influenza, injuries and poisonings, and cerebrovascular disease. (New York City Department of Health and Mental Hygiene. Summary of Vital Statistics. March 2003)

Medical, public health, and social service providers must work together to improve the quality of health for older adults. Data sharing and increased coordination of patient care can lead to improved patient management and better health outcomes. In addition, public health and social service providers can help the medical community identify ways to address chronic and communicable conditions through prevention. Furthermore, public health, medical, social service providers, and scientific experts must work together to advocate for resources to support research on prevention and treatment of diseases that contribute to the causes of morbidity and mortality among the older population.

Women's Health: Although cancer generally dominates the focus of women's health agendas, heart disease is the leading cause of death and disability among women in the United States:

- Women are twice as likely to die of heart disease, than of all cancers combined. Among women age 65 and older in New York City, (in 1996-1998) the mortality rate from heart disease was 2,229.5 per 100,000.²
- More than half of all women will suffer a fracture due to osteoporosis (loss of bone mass) in their lifetime. In a recent study supported by the Agency for Healthcare Research and Quality, only 46 percent of older women with osteoporosis-related fractures received treatment in the 6 months following a fracture to prevent further fractures as called for by clinical guidelines.³

Women in New York City do not receive appropriate levels of preventive care, including cancer screenings and immunizations. Fewer than half of women age 50 and older receive colon cancer screenings and nearly one-quarter of women age 40 and older do not receive mammograms. In addition, more than 1 in 3 women age 65 and older do not get flu shots and fewer than half of women age 65 and older have ever received a pneumonia shot.⁴

Better public health information in multiple languages can help educate American women on diseases most likely to affect them. Prevention at an earlier stage and education on effective coping and treatment mechanisms are essential to help them avert or manage debilitating aspects of disease.

Mobility: As individuals age, their range of mobility decreases, and their need for appropriate in-home services, adaptive equipment, or the least restrictive environments may change:

- Older Americans Act services, especially those provided to vulnerable older individuals are intended to help the elderly maintain their independence and remain in the community. Older Americans participating in the Home Delivered Nutrition Program are a vulnerable population that are older, more frail, have higher nutritional risk, have more functional impairments and have lower income. This is an essential service within home and community-based services and helps delay institutionalization.⁵
- In the case of Olmstead vs. L.C., the United States Supreme Court ruled that Title II of the Americans with Disabilities Act (ADA) gave individuals with disabilities the right to be placed in the least restrictive environment, which may include an appropriate community setting. This ruling is not limited to Medicaid-funded services. The Court's decision calls upon government at all levels to further develop accessible community-based services for disabled persons of all ages.

Supportive social services provided in the home, including home delivered meals, housekeeping, and personal care, remain the publicly-funded services most in demand by elderly persons with functional impairments. These vital services are needed by seniors who have no one to assist them, as well as by those who have families helping to care for them at home. This highlights the need to eliminate existing barriers to services and create opportunities to prevent inappropriate or premature institutionalization.

Caregivers: Family members and other informal caregivers are vital to the supportive network that helps seniors to remain living in their homes and communities:

- There are approximately one million unpaid family caregivers in New York City. On average, caregivers report providing 20.5 hours of care a week.⁶
- One in ten households in New York State includes a caregiver for a live-in family member age 60 or older; 25 percent have some caregiving responsibilities for

persons living elsewhere. It is estimated that family caregiving saves the New York State health care system approximately \$12 billion.⁷

There is a growing need for services that benefit not only the senior care recipient, but also provide support for their caregivers. These services include: adult day programs, respite care, and alternative models of residential care facilities. Title III-E of the Older Americans Act Amendments of 2000 established a new program, the National Family Caregiver Support Program (NFCSP), which provides basic services for family caregivers including: information and referral, assistance in accessing benefits and entitlements, peer support, individual counseling, respite care, and supplemental services. This program represents an important model for supporting caregivers and care recipients.

Health Care Costs: If health care costs continue to escalate, particularly out-of-pocket costs, the trend will have a devastating effect on income among seniors:

- For people age 50 and older, total health care costs have risen substantially from 20 years ago, even after adjusting for inflation. Health care costs pose a particular burden for those in need of prescription drugs or long-term care services, as well as those with low incomes who do not have Medicaid. High out-of-pocket costs are increasingly a problem for older people who see themselves as unhealthy.⁸
- The Medicare Prescription Drug, Improvement and Modernization Act of 2003 establishes a new Medicare prescription drug benefit that goes into effect in 2006. At that time, Medicare beneficiaries age 65 and over may enroll in a stand-alone prescription drug plan offered by private-sector entities. Enrollment in a plan is voluntary, not automatic; however, if beneficiaries want to participate, they must elect the new prescription drug coverage (also known as Medicare Part D).

The inadequacy of health care coverage and affordable prescription drugs must be addressed on a national scale. Important areas of concern include: coverage for prescription drugs, expenses not covered by Medicare, and long-term care. The detrimental effects of rising health care costs and gaps in coverage are magnified further among a large proportion of New York City's elderly living in poverty (See Chart 3, p.12).

Mental Health and Protective Services

The number of older adults with mental disorders is expected to increase dramatically in the coming decades:

- In a 1994 Senior Center Satisfaction Survey conducted by DFTA, three in five seniors rated having help for problems like stress, anxiety and depression available at senior centers as being important. (New York City Department for the Aging. Senior Center Satisfaction Survey. New York: New York City Department for the Aging, 1996.)
- The 1999 Surgeon General's Report on Mental Health estimates that in the course of one year about 1 in 5 adults experiences a psychiatric disorder.

Applying this estimate to the NYC population, the NYC Department of Health and Mental Hygiene (DOHMH) estimates that in the course of one year approximately 20% of New Yorkers age 55 and older experiences a psychiatric (mental health) disorder not part of the normal aging process which could include for example, an anxiety disorder or major depressive episode.

- It is estimated that as many as 540,000 older adults age 60 and over in New York State are currently experiencing some sort of problem because they are knowingly or unknowingly misusing alcohol and/or drugs. Chemical dependency problems experienced by older adults are primarily related to alcohol misuse as well as the deleterious interactions between alcohol and prescription or over-the-counter medicines.⁹

New York State has identified the alcoholism and substance abuse problems of the elderly as a major area of concern and is in the process of formulating a plan to address this important issue.¹⁰

The growth in the number of elderly with mental health needs will have a major impact on the need for acute and long-term care and will result in a significant increase in health service utilization and costs. The substantial under-investment in research, knowledge dissemination, and service development could lead to a public health crisis.¹¹ These findings highlight the need to integrate elderly mental health and protective services into an affordable and accessible continuum of community-based health and long-term care for seniors.

Housing

Appropriate housing and residential stability are vital to the well-being of older New Yorkers.

Seniors face these housing challenges: many have inadequate incomes to pay for housing costs, mounting healthcare needs compete with other basic expenditures, and many have physical limitations that must be addressed by in-home care or structural modifications.¹²

- The housing preferences of older people are to age in place and to maximize privacy, autonomy, choice, familiarity, and flexibility.¹³
- There are 217,000 elderly New Yorkers on waiting lists for Section 202 Senior Housing. Section 202 is a federally subsidized housing program, which provides funding for the construction of low-income senior housing. There are a total of 17,025 Section 202 housing units in the City. Seniors on waiting lists outnumber units by a ratio of 12 to 1.¹⁴
- In the area of rent regulation, 79 percent of rent control tenants and 27 percent of rent stabilized tenants are age 55 or older. Within 5-7 years, close to half of the current rent stabilized population will be 55 and older. The population in rent controlled units also will become a significantly older population.¹⁵

- In 2003 the eligible income limit for the Senior Citizen Rent Increase Exemption Program (SCRIE) was raised from \$20,000 to \$24,000. The first such increase in six years. In 2005 the Governor signed enabling legislation that will increase the combined household income eligibility limit for SCRIE from \$24,000 to \$29,000 to be implemented in increments of \$1,000 over a period of five years.

Flexibility in development and financing of both housing and services for New York's aging population is critical. Creating accommodating environments that promote viable aging in place will maximize independence and autonomy for older persons.

Nutrition

Good nutrition is a vital component in maintaining health and optimal functioning, especially among those age 65 and over:

- Recent data from the American Dietetic Association and the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion indicate that between 2.5 million and 4.9 million seniors nationally do not have consistent access to nutritionally adequate food and are at risk of malnutrition.
- The Elderly Nutrition survey conducted in 1994 by the New York State Office for the Aging reports that one out of four older New Yorkers are at risk of malnutrition. The prevalence of nutritionally-at-risk elderly is highest among those who are most likely to have functional impairment and lower incomes, (i.e. women who live alone, minorities and those who are 85 or older). Moreover, 4 percent of elderly New Yorkers skip one or more meals and 7 percent of elderly said they had to choose between buying food and other necessities.¹⁶
- The Food Stamp Program through the U.S. Department of Agriculture is an important federal nutrition assistance program available for low-income elderly. Of Americans aged 60 and older, only about a third of those eligible participate in the USDA Food Stamp Program.¹⁷
- Adding a breakfast portion to the home delivered meal program could further improve the lives of frail, homebound older adults, according to a recent study supported in part by the Agency for Healthcare Research and Quality. Older adults receiving breakfast had greater energy/nutrient intakes, less worry about whether they would be able to get food or run out of food, and fewer depressive symptoms.¹⁸

Hunger and malnutrition can exacerbate many chronic diseases such as cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes, as well as speed the onset of a number of degenerative diseases. Malnutrition may also contribute to the decline in resistance to disease seen as people age.

Direct prevention and intervention strategies can enhance the nutritional status of older people. Public policies should emphasize screening for nutritional risk factors, employ

appropriate nutrition interventions, focus efforts on reducing food insecurity, provide greater availability of nutrition services, provide outreach for Food Stamps among older people, and build better coordination between the aging network and emergency food programs.¹⁹ Leaders of the service system must develop an integrated public policy to ensure greater access to appropriate food and nutrition services for older individuals.

Information and Service Access

Reliable consumer information continues to be a major need for older New Yorkers and their families. Clear, concise information about the benefits and services for which they are eligible, as well as assistance in applying for them are needed in multiple languages.

- Current and future caregivers of the elderly, particularly those caring for persons with Alzheimer's disease or related disorders, constitute another group with specific needs for high quality, consumer-oriented information about resources and access to professional guidance.
- There is a growing need for reliable and impartially presented information that clearly explains consumer rights and options in today's complex health care environment.
- Given modern changes in banking technologies and the products and services offered by different banks, unbiased information about low cost accounts, banking safety, and new technology is vital.
- Many recent immigrants do not speak English and have difficulty obtaining essential information. Information on programs and services must be available in many languages to serve recent immigrants over age 60.
- The quality of communication between patients and clinicians can have a significant impact on health outcomes, and limited English proficiency can interfere with effective communication. A review of the literature found that language barriers have a demonstrable negative impact on access, quality, patient satisfaction, and in some instances cost. Furthermore, the research demonstrates that language assistance – bilingual clinicians and interpreter services – is effective in improving care.²⁰

Technology

Technological advances will continue to improve the quality of life of older adults. The personal computer and the Internet can be used to enhance communications with family and friends and expand opportunities for lifelong learning:

- Current experiments with “e-learning” demonstrate the potential of online education for older adults, particularly for those with limited mobility. Networks will make it possible to deliver high quality medical service to older adults, including remote diagnoses, and continuous health monitoring.
- According to a new study by the Pew Internet and American Life Project, the ranks of Americans over 65 who use the Internet have jumped by 47 percent since 2000. As Americans who are comfortable with computers reach the age of 65 the percentage going online should increase.²¹
- According to a study by the Kaiser Family Foundation, 31 percent of people over 65 have used the Internet compared to 70 percent of those age 50 to 64. Twenty one percent of the 65+ group have used the Internet to look for health information compared with 53 percent of the group age 50 to 64.²²
- Pilot tests of computerized home health care systems suggest this new technology is likely to become common in households and nursing-homes. Tele-healthcare comes in the form of computer-like machines that store patient records, provide tools to monitor everything from blood pressure to body weight, and even connect patients and doctors by video. All stored data is accessible by health care providers in clinical settings.²³
- New York State agencies recommend that to serve the older population better there needs to be an increasing reliance on existing and new technologies as an effective method of improving communication with consumers, streamlining service and product delivery, and access to services. However, agencies emphasize the need to (1) adapt all technological solutions and tools to the age, language, racial, cultural, educational and disability characteristics of users, (2) recognize that many users will continue to need education and personal assistance in using the Internet and other technologies, and (3) be vigilant about reliability, security, and privacy issues.²⁴

Keeping up with changes in technological developments is essential to increasing access and linking senior services to help support and enhance the lives of older adults.

Transportation

Given the functional decline in mobility among older adults as they age, the availability of appropriate transportation is a critical factor in enabling an individual to live independently.

- The need for transportation for frail elderly persons continues to exceed what can be provided by the service network. Many senior transportation programs have extensive waiting lists.

The transportation needs of older persons will continue to increase. The goals of transportation services must be to enable the elderly to reach the variety of agencies and programs now available, to obtain the medical and mental health care they require, and to

undertake necessary shopping trips to avoid going without important goods. Subsidization of transportation services will always be necessary.²⁵

According to the Surface Transportation Policy Project Report, "Aging Americans: Stranded without Options," the United States is currently ill prepared to provide adequate transportation choices for a rapidly aging population.

The report presents new findings based on the National Household Transportation Survey of 2001 and places them in the context of other research on mobility in the aging population. The report's conclusions and recommendations include:

- **Public Transportation:** Substantially increase investment in public transportation systems to expand and improve services to meet the needs of older Americans.
- **Increase funding for existing specialized transportation programs** that provide mobility for older persons, such as the Federal Transit Administration's Section 5310 Program.
- **Planning and Coordination:** Incorporate the mobility needs of older Americans into the planning of transportation projects, services, and streets.
- **Road and Street Improvements:** Design safer roads for older drivers and pedestrians. Support the "Transportation Enhancements" Program which is the federal source of support for pedestrian safety projects.

The U.S. Government Accountability Office (GAO) recently did a study on transportation-disadvantaged seniors and the data indicates that some types of needs are not being met, including those for trips (1) to multiple destinations or for purposes that involve carrying packages; and (2) to life-enhancing activities. GAO is recommending that the U.S. Department of Health and the Human Services Administration on Aging take several actions to improve guidance and information on transportation-disadvantaged seniors' mobility, including developing guidance on assessing mobility needs and publicizing available information on alternative transportation services and on practices service providers can implement to enhance senior mobility.²⁶

Legal Assistance

Legal assistance can be critically important in dealing with matters such as housing, landlord/tenant disputes, entitlements, consumer affairs and family issues. The legal affairs of older adults may also involve planning for changes in life such as retirement, long-term care, loss of capacity, and end-of-life matters. Publicly-funded and private legal services help the elderly to access the benefits and services to which they are entitled.

- State regulations require Area Agencies on Aging to expend seven percent of their funding on legal services.²⁷

- In New York City, the majority of cases handled by DFTA-funded legal services are housing cases.
- In New York City, eviction intervention services are provided to help seniors who are most in need of assistance. While some seniors living on fixed incomes face formal eviction, others encounter a situation in which the landlord fails to make needed upgrades, a factor that can pose safety problems for seniors with health problems.²⁸

The expanding use of modern technology, including legal hot lines and the Internet, offer new opportunities for older persons to independently obtain information on legal issues.

Crime Prevention and Victim's Assistance

Although the crime rate in New York City has dropped significantly since 1990, a proactive approach should still be taken with crime prevention and victim's assistance. Older persons are still vulnerable to crimes such as residential burglary, purse snatching, pocket picking, fraud, theft of checks from the mail, identity theft, predatory lending, vandalism, and harassment. Seniors are also sometimes victims of elder abuse, which can take many forms, including physical abuse, psychological abuse, financial exploitation, and neglect.

- Older persons are a major target of predatory lenders.²⁹
- Assuming a conservative estimate of 40 per thousand, approximately 130,000 elders in New York State may be victims of abuse or neglect.³⁰
- Perpetrators of these crimes are often family members or caregivers of the victims. Because of the relationship, victims are often fearful or reluctant to report the abusive crime against them. As a result, the incidence and prevalence of elder abuse is grossly under-reported.

Crime prevention and security education in local communities can help the elderly live safely. Community service providers can offer financial assistance, supportive counseling and medical care to elder abuse victims. Education and outreach to the community is essential to prevent elder abuse. Moreover, the aging community must advocate for legislation that takes a proactive approach to violence prevention.

Services for Elderly with Special Needs

Despite vision, hearing and mental impairments, many seniors can manage independent lives with the support of adaptive devices, rehabilitative services to learn or re-learn functional skills, or environmental adaptations in their home or work setting.

- It is estimated that over 21 percent of the elderly in New York State age 65 and above have a self-reported vision impairment. Hearing loss affects between 30 percent and 85 percent of those over 65 years of age in New York, depending on the definition used.³¹
- With the aging of the population, the number of Americans with major eye diseases is increasing and vision loss is becoming a major public health problem. A 2004 study conducted by the Eye Disease Prevalence Research Group reports that low vision blindness increases significantly with age, particularly in people over age 65. People 80 years of age, account for 69 percent of blindness. The study identifies age-related macular degeneration (AMD), glaucoma, cataract, and diabetic retinopathy as the most common eye diseases in Americans age 40 and over.³²
- An estimated four out of every 1,000 older adults have a developmental disability. This includes persons with mental retardation, cerebral palsy, epilepsy, autism and sensory or neurological impairments.

Activities in day programs for persons with developmental disabilities should be age-appropriate for an older clientele and should include education in health and wellness activities.³³ Public and private sectors must forge new partnerships to develop and expand appropriate services for the elderly with special needs, including blind and visually impaired seniors, as well as those who are hearing impaired or deaf.

Employment

As Baby Boomers become a new cohort of senior citizens, the number of older workers will grow substantially over the next two decades. They will become an increasingly significant proportion of all workers.

- By 2008, 1 out of every 6 workers in the American labor force will be over age 55. The U.S. General Accounting Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.³⁴
- Among seniors age 60 and older in New York City, 24.3 percent of men and 14.8 percent of women are currently employed. (U.S. Census 2000.)
- In the U.S., men and women (age 65-plus) were more likely to be in the labor force in 2004 than in 2003. The majority of older workers (7 out of 10) continued to work full-time in 2004 and those who worked part-time did so overwhelmingly by choice. At present, about one in four 65-69 year olds remains employed either full-time or part-time.³⁵

In New York State, there will be a growing demand for employers to ensure that working environments are adjusted in response to the needs of older and disabled workers, including physical modification, assistive devices, flexible work schedules, off-site work

arrangements including telecommuting, and greater use of family leave for caregiving responsibilities.³⁶

Opportunities For Service and Intergenerational Exchange

Volunteer opportunities are important to seniors who wish to remain active and contribute their talents and skills in various ways.

- In a Senior Center Satisfaction Survey conducted by the New York City Department for the Aging in 1994, over two thirds of the respondents confirmed that opportunities to volunteer and contribute services to the community were an important aspect of center activities.
- Volunteering is positively associated with life satisfaction and perceived health among older adults.³⁷
- Older adults who volunteered at least 15 hours per week with Experience Corps, a program that places older adults in public elementary schools, had increased physical, cognitive and social activity levels relative to people of the same age who did not volunteer.³⁸
- Today, less than half of those over 50 are being asked to volunteer despite recent research by Independent Sector indicating that “the volunteering rate is about three times higher for those over 50 who were asked than for those who were not.”³⁹

Volunteer programs designed to enlist older people in providing services to needy populations can increase community resources while simultaneously providing seniors with opportunities to contribute their skills, remain active, and receive modest stipends. Programs such as Foster Grandparents, Intergenerational Services, the Volunteer Support Project for blind and visually impaired elderly and other local initiatives have barely tapped the invaluable resource of the City's experienced seniors. Public and private support is needed to help these programs grow in size, number, and diversity.

III. DFTA MISSION AND STRATEGIC GOALS

Organizational Priorities

The following sections highlight various programs and initiatives toward which the Department will direct its efforts during the upcoming 2005 – 2006 program year.

Mission

To work for the empowerment, independence, dignity and quality of life of New York City's diverse older adults, and for the support of their families through advocacy, education and the coordination and delivery of services.

Strategic Goal # 1: To foster independence and individual choices, confront ageism and promote opportunities for older people to share their leadership, knowledge and skills.

- **The Senior Employment Service Program** will expand its training and employment opportunities, enabling older adults to remain active and independent in their communities. The Department provides older workers age 55 and over with services that include job search skills workshops, career advisement, job referrals, and access to the Internet for job searches.
- **The Foster Grandparent Program** supports a citywide network of community sites, enabling older adults to provide one-on-one care and support to children with special needs. Foster grandparents are placed in various settings including elementary schools, Head Start programs, hospitals, or pediatric and child life units. In addition, senior volunteers are involved in the juvenile justice system through placement with the Safe Horizon programs in courts. The foster grandparent will provide mentoring for children in foster care and children of incarcerated parents. The program will continue to develop partnerships with schools and agencies and expand the services provided by foster grandparents to children. In addition, the program will recruit and place additional volunteers including participants who speak Spanish and Chinese.
- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** will conduct ongoing training sessions for its corps of volunteer counselors who provide one-on-one assistance to seniors to keep them abreast of legislative actions and annual guideline changes that impact health insurance coverage for seniors. HIICAP provides presentations for the elderly, community partners, and other professional groups to inform them of changes in Medicare, Medicaid, and private industry health insurance. Literature produced by HIICAP will continue to be distributed citywide and will be available in several languages. The Department will continue to provide outreach and education on the new

Medicare prescription drug coverage and train volunteers to assist and educate beneficiaries on prescription drug plans by using a web-based tool.

- **The Intergenerational Unit** will promote intergenerational programming as a resource for counteracting aging and youth stereotypes; advancing intergenerational understanding and responsibility; and enhancing existing aging services. The unit will continue collaboration with the Department of Education and the public high schools, its community-based service providers, and the Brookdale Center on Aging to promote, support, and diversify intergenerational programming throughout the city. The Department's Volunteer Support Project, which helps blind and visually impaired homebound seniors remain connected to community life will continue the recruitment, training and matching of volunteers of all ages with severely visually impaired homebound elders. The unit will continue to promote the Intergenerational Work Study Program (IWSP) including the intergenerational component at the Millennium Art Academy.
- **The Intergovernmental Unit** will facilitate the Department's major events for senior participation, disseminate vital information to seniors, elected officials, government agencies, and the general public; encourage active participation in local and citywide events; and help older adults to become advocates for themselves. For example, the Department and the Aging in New York Fund, Inc. organize Age in Action, a day-long festival celebrating the talents and accomplishments of older New Yorkers with an attendance of nearly 10,000. The Department will also continue to sponsor Older Americans Day and special events such as the Senior Stroll, which brings hundreds of older New Yorkers together from all five boroughs. The Department will actively promote information for and about seniors, special events and Department sponsored programs.
- **The Health Promotion Unit's** activities are conducted with the help of a broad network of senior volunteers who work with other seniors at community centers. Senior volunteers continue to lead health promotion activities such as STAYWELL exercise classes; hypertension monitoring; Alert and Alive discussion groups; Partner to Partner, a peer support activity that provides one-on-one "friendly listening" at senior centers; walking clubs; and other programs serving older adults. The Department has launched a, "Have a Good Heart Campaign." This initiative incorporates the Health Promotion Unit's existing programs with new services targeted to educate seniors about cardiovascular risk factors and what actions they may take to stay healthy. The Unit will implement a cardiovascular in-service training for health promotion volunteers and develop new strategies for the Big Apple Senior Strollers program. The Department plans to continue to conduct health education programs and classes that offer instruction on a variety of health topics including proper medication, prevention of falls, hypertension, heart attacks and strokes, diabetes, stress management, insomnia, and memory functions.
- **Emergency Planning:** The Department will develop an educational campaign for senior centers and community partners to assist them in responding to

emergencies. The new booklet, “Ready New York for Seniors & People with Disabilities” will soon be available in Spanish, Russian and Chinese. Sample copies will be mailed to the Department’s community partners with an option to order booklets for distribution.

Strategic Goal #2: To inform and educate the general public about aging issues, including services, supports and opportunities for older New Yorkers and their families.

- **Caregiver Services:** The Department will continue to administer the National Family Caregiver Support Program to help caregivers of all ages assist their care recipients to remain in their homes and local communities as long as possible. In an ongoing effort to advertise the availability of help and resources to caregivers, a website www.nyccaregiver.org was developed. The Department’s video-conference Lunch and Learn training series for family and professional caregivers, social service providers, and health professionals explores emerging issues in aging. The Department will administer 15 contracts to qualified community-based organizations to operate caregiver service programs. The organizations will provide information, assistance in gaining access to supportive services, individual counseling, support groups, caregiver training, respite care, and other supportive services. The Department will develop additional caregiver materials and identify new outreach opportunities.
- **The Alzheimer’s and Caregivers Resource Center** will strengthen its network of service providers and its outreach to support family caregivers. The Department will also offer consultation and technical assistance to community professionals providing support services for caregivers. In collaboration with the Alzheimer’s Association, the Department will train NYCHA staff on Alzheimer’s Disease awareness and available resources. In addition, the Department sponsors an annual conference on Alzheimer’s Disease which provides caregivers, clients, and professional providers an opportunity to exchange information and learn about recent developments in research, treatment, support services, technology, and educational resources.
- **The Information, Referral & Linkage Unit (I&R)** provides assistance to the public through its telephone Helpline and Walk-in Center. I&R uses the UNI-Form Benefit Assessment System, a computer program that screens senior citizens for a range of City, State, and Federal entitlements through a single interview process. The Department has staff who speak Chinese, Russian, Spanish, Polish, French, Creole, and several African languages. The Department will partner with the Community Food Resource Center (CFRC) at outreach events to provide information and promote access to food stamps and other income support programs. The Department will increase public awareness about benefits and entitlements by providing outreach presentations at public health fairs, community forums, senior centers, and professional events.

- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to seniors raising their grandchildren. As a part of the National Family Caregiver Support Program, the GRC has built a network of grandparent support groups across the city. The Grandparent Family Apartment in the Bronx is the first public development in the United States designed and built exclusively for grandparents raising grandchildren. The GRC will partner with Presbyterian Senior Services, the sponsor of the project, to assist grandparents as they move into their apartments. In addition, training and information sessions will be offered to grandparent support group leaders and the GRC will collaborate with health agencies to provide health education to caregiver support groups.
- **The Research Unit** will provide educational materials to the general public about changing demographics and examine service-related issues for seniors. The unit will develop and distribute a series of reports on the 2000 Census, which will be distributed throughout the aging network and will be available on the Department's website.
- **The Home Energy Assistance Program (HEAP) Unit** has updated its database of community partners and elected officials to facilitate a more comprehensive and accurate mailing of HEAP applications and instructions. The Department will continue to educate the aging network, public officials, and utility companies about HEAP and how to assist their constituents to apply. In addition, the unit will continue its outreach efforts with a focus on customer service and increasing application distribution.
- **The Information Technology Unit** will continue to launch new interactive features on its website www.nyc.gov/aging to help publicize Department events to seniors, community-based organizations and other partners. The Department will continue to revise and add new initiatives to its website to provide those who log on with additional information regarding the services and benefits available to older New Yorkers. In addition, the Department has upgraded computers for its contracted case management agencies.
- **The Office of Organization Development and Training** will continue to provide quality distance learning opportunities for older New Yorkers and their caregivers.

Strategic Goal #3: To be a catalyst for increased resources to enhance and expand programs and services for older New Yorkers.

- **Advocacy:** The Department will continue to advocate on key issues affecting the elderly. See "Advocacy Objectives" on pages 37 to 38 for details.
- **The Development Unit** will continue to collaborate with community partners and government agencies to develop proposals for State, Federal, and private foundation funding.

Strategic Goal #4: To ensure the provision of quality services fairly and equitably to older New Yorkers.

- **Nutrition Services:** The Department plans to provide over 9.1 million congregate meals at 329 Department-funded senior centers throughout the City. In addition, the Department plans to provide over 3.4 million home delivered meals. The Department has implemented the Senior Options Program in the Bronx where eligible seniors have the option to choose a frozen alternative to the daily delivery of a hot meal. An evaluation of the program will be contracted out to a private consulting firm and is scheduled to begin this fall. The Department will assist senior centers to enhance their program offerings and will provide additional outreach and information to seniors about the availability and positive qualities of senior centers and congregate meals.
- **In-Home Services:** The Department plans to provide 1.6 million hours of home care services in pursuit of its goal to assist the most vulnerable older New Yorkers to remain living in their homes and communities.
- **Transportation:** The Department plans to provide over 600,000 one-way trips for the elderly in New York City through its contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use, public transportation. These community-based transportation programs are located in each of the five boroughs and are available to older adults for the purpose of attending senior centers and essential medical and social service appointments.
- **The Senior Citizen Rent Increase Exemption Unit (SCRIE)** assists qualified seniors age 62 or older, and are income eligible, to remain living in rent regulated apartments located within the five boroughs of New York City by authorizing exemptions from future increases in their monthly rent. In the fall of 2003, the eligible income limit for the SCRIE program increased from \$20,000 to \$24,000, the first increase since 1996. In 2005, the Governor signed enabling legislation that increases the combined household income eligibility limit for SCRIE from \$24,000 to \$29,000 in increments of \$1,000 over a period of five years. The new SCRIE website features interactive web pages with links to QuickCheck and a new help section to assist seniors in completing their SCRIE applications, online applications for SCRIE, and appeals forms.
- **The Office of Organization Development and Training** will continue to provide quality classroom and long-distance learning experiences for the staff of DFTA's community partners to enhance their management, supervisory, social service, and technology skills. These trainings address publicly-funded benefit and entitlement programs, housing rights and options, successful meals utilization practices and strategies, fundraising, technology skills, management and supervisory skills. These classes will strengthen the ability of DFTA contractors to provide effective and efficient services to older New Yorkers and their families

- **The Facilities Management Unit** will work to improve community facilities by completing more renovations and assisting an increasing number of senior centers in meeting the Federal Americans with Disabilities Act (ADA) requirements, to perform systems upgrades and to improve the overall condition of senior center premises.
- **The Alzheimer's and Caregivers Resource Center** will encourage more Russian, Latino, and Chinese caregivers to utilize the support services that are available to them. The unit will disseminate translated informational materials to caregivers, professionals, and the general public. In addition, the unit will provide training on Alzheimer's Disease and long-term care community options to Chinese, Russian, and Spanish caregivers.
- **The Grandparent Resource Center (GRC)** will continue to increase outreach to diverse communities including Russian and Asian populations. The GRC will develop coalitions with grandparents of these populations and develop appropriate materials in their native languages.
- **The Work Experience Program (WEP)** will use the HRA/DFTA Personal Care Aide (PCA) Program to help provide health-related services to adults with physical disabilities and chronic disabling illnesses. The program will assign aides to a home care agency or an adult day care center. The program will also continue to provide training to PCA participants. The WEP Program will provide and conduct special PCA classes in Chinese, Spanish, and English. The PCA curriculum has been expanded by adding training on Dementia and Elder Abuse.
- **The Weatherization, Referral, and Packaging Program (WRAP)** will enable clients to receive complete weatherization, related home repairs and ancillary support services in a timely fashion.
- **The Research Unit** will expand its focus on workforce development for aging services. This year, the Department anticipates at a minimum that there will be 10 social work interns placed during the school year in different units throughout the Department.

Strategic Goal #5: To enhance and expand effective, productive partnerships with consumers, advocates, private and public organizations.

- **The Senior Employment Services (SES) Unit** will expand partnerships with public and private organizations to create employment and training opportunities for seniors. In addition, the Department will establish and maintain cooperative relationships with One-Stop Career Centers, aging programs, and other employment and training programs and continue recruiting new work sites. Also, the Unit will participate in community sponsored events and fairs.

- **The Work Experience Program (WEP)** will provide WEP workers to community partners as supportive staff to better serve the elderly. WEP workers will help with office services; provide maintenance and community services; deliver meals to the homebound; and assist in preparing and serving food.
- **The Elderly Crime Victims Resource Center** will partner with the Mayor's Office on Domestic Violence and assign staff to the Brooklyn Family Justice Center where they will provide direct on site services on site to victims of elder abuse.
- **Mental Health** The Department continues to implement a two-year grant from the Fan Fox and Leslie R. Samuels Foundation, Inc. for the "Healthy Encounters Project." The goal of the project is to improve access to mental health services with an emphasis on older New Yorkers who are members of the African-American and Latino communities. This initiative promotes a model partnership between the Department, two mental health providers, RAICES Casa BienEstar and the New York Service Program for Older People, Inc. (SPOP), and 10 local senior centers located in Brooklyn and Manhattan. Two bilingual geriatric social workers will continue to provide mental health treatment to senior center members identified with emotional distress.
- **Eviction Prevention:** The Department for the Aging and the New York City Civil Court are initiating a pilot project on eviction prevention for seniors. An Assigned Counsel Panel will be created using Court appointed private attorneys receiving minimal compensation to represent seniors in Housing Court. The assigned counsel will be assisted by law students and social work student volunteers.

Strategic Goal #6: To recognize the value of all staff and encourage their creativity in building the Department's capacity for continuous improvement.

- **The Center for Organization Development and Training** will continue to conduct learning experiences designed to expand DFTA employees' knowledge and skills in the following areas: management and professional development, direct service, and information technology.

IV. ADVOCACY OBJECTIVES

The Department's advocacy efforts are directed towards improving the quality of life for older New Yorkers. The Department evaluates and comments on the fiscal, policy and programmatic implications of proposed Local, State, and Federal laws, regulations, and policies affecting the elderly. It develops policy objectives to be enacted into Federal, State, and City legislation and proposes to the Mayor's Office.

The Department presents testimony at legislative and administrative agency hearings, disseminates information about the findings of its impact analyses, and participates in local, state, and national meetings and conferences.

The Department has identified the following advocacy initiatives for 2006-2007:

At the Community level, the Department will:

- Analyze and disseminate information and data to the elderly and the aging services network to use in their advocacy efforts.
- Inform the local aging services network about pertinent legislative and budget issues.
- Work cooperatively with interagency councils, advocacy groups, and with city and state citizen groups on behalf of elderly interests by participating in forums and meetings and collaborating on advocacy and policy concerns.

At the City Level, the Department will:

- Work with other City agencies to increase awareness of aging issues by reviewing, analyzing, and coordinating activity on City, State, and Federal matters of interest to the elderly, including the impact of proposed legislation.
- Develop Federal and State agenda on aging service priorities for inclusion in New York City's legislative program.
- Assess proposed laws and regulations regarding health insurance, nursing homes, home care, housing, transportation, and energy to determine their impact on the elderly.

At the State level, the Department will continue its efforts to advocate for:

- Increased funding for aging programs, including the Community Services for the Elderly Program (CSE), the Expanded In-Home Services for the Elderly Program (EISEP), the Supplemental Nutrition Assistance Program (SNAP), and the Social Adult Day Care Program (SADC).

- Increased funding for and expansion of the Naturally Occurring Retirement Community (NORC), Supportive Service Program which provides supportive services to elderly individuals in their residential building.
- Expansion of more affordable senior housing units, assisted living opportunities, and financing for the development of new housing for older New Yorkers.

At the Federal level, the Department will continue its efforts to advocate for:

- An increase in appropriations for the programs supported by the Older Americans Act, including the National Family Caregiver Support Program.
- Kinship caregiver support legislation that will provide assistance to the growing number of grandparents and other relatives raising children.
- Mandate mental health parity for insurance coverage to stop harmful discrimination and reduced access to care. Parity will reflect the increased use of mental health services and the barrier caused by limited coverage or non-reimbursement for services.
- The expansion of the Federal Section 202 Supportive Housing for the Elderly Program and the Assisted Living Conversion Program for Section 202 buildings.
- An increase in funding levels for the Federal Low-Income Home Energy Assistance Program (HEAP).
- An additional increase in funding levels for the Federal Section 5310 Program-Transportation for Seniors and Persons with Disabilities and inclusion of the provision that would permit Section 5310 funds to be used for operating assistance in addition to capital expenditures. In addition, increase funding for the new National Technical Assistance Center for Senior Transportation.
- Federal funding formulas that ensure New York's fair share of funding for vital programs and services for older New Yorkers.

**V. PROJECTED DEPARTMENT RESOURCES, EXPENDITURES AND SERVICE
OBJECTIVES
July 1, 2005 - June 30, 2006**

The Department receives funding from a variety of sources to support a broad range of services. The majority of DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including information and referral, senior employment assistance, certification for the Home Energy Assistance Program (HEAP) and the Senior Citizen Rent Increase Exemption (SCRIE) Program, and other services for special populations.

For City Fiscal Year 2006 (July 1, 2005 - June 30, 2006), the Department's budget is projected at \$ 270 million, a 15 percent increase from \$ 234.8 million in Fiscal 2005. Table C (page 37) lists DFTA's revenue sources. City funding represents 57 percent of the Department's budget, Federal funding is 33 percent, and State funding is 10 percent.

Many State and Federal grants require the City to contribute a certain proportion of funding; this required contribution is called match. It should be noted that a significant portion of City Tax Levy funding is dedicated as match for State and Federal grants.

Finally, funding from the private sector also supports Departmental activities. Citymeals-on-Wheels, a private sector organization that works with the food industry, the business community, and the general public to support emergency food packages and home delivered meals. Foundation and other private support enhance employment services, the Intergenerational Work Study Program and other special projects.

Table D (page 38) reflects current support for each of the Department's contracted services. Planned levels of service for City Fiscal Year 2006 appear in Table E (page 39). Tables D and E represent DFTA's plan as of the Fiscal 2006 Adopted Budget. In addition, Table E does not include planned service levels for some services directly provided by the Department.

TABLE C.

PROJECTED FISCAL YEAR 2006 BUDGET
NEW YORK CITY DEPARTMENT FOR THE AGING
July 1, 2005 - June 30, 2006¹

<u>FEDERAL FUNDS</u>	<u>FY 2006 PLANNED BUDGET</u>	<u>TOTALS</u>
OAA Title III B Social Services	\$10,210,842	
OAA Title III C Nutrition	18,304,365	
OAA Title III D Health Promotion	922,219	
OAA Title III E Caregiver Support	4,158,271	
OAA Title V Senior Community Services Employment	4,262,441	
OAA Title VII Ombudsman	499,660	
Title XX Social Service Block	28,801,847	
USDA Cash-In-Lieu	8,000,000	
ACTION - Foster Grandparents	1,634,804	
HEAP (Home Energy Assistance Program)	272,790	
WRAP (Weatherization, Referral and Packaging Program)	1,723,130	
HIIICAP (Health Insurance Information, Counseling and Assistance Program)	226,978	
SPAP (State Pharmaceutical Assistance Program)	1,108,250	
Community Development Block Grant	7,986,166	
ORT Operation Restore Trust	23,250	
		<u>\$88,135,013</u>
<u>STATE FUNDS</u>		
CSE (Community Services for the Elderly)	\$5,977,644	
EISEP (Expanded In-Home Services for the Elderly)	12,981,566	
Foster Grandparents	34,534	
SNAP (Supplemental Nutrition Assistance Program)	7,201,688	
CSI (Congregate Services Initiative)	339,731	
Crime Victims Assistance Program	382,567	
LCIEOP (Long-term Care Insurance Education and Outreach Program)	100,000	
LTCOP (Long-term Care Ombudsman Program)	246,069	
		<u>\$27,263,799</u>

¹ Foundation and other private support also support Departmental activities.

CITY FUNDS

City Tax Levy	\$124,646,834	
Intra-City Transfer: WEP	284,410	
Intra-City Transfer: Homecare	300,000	
NYCHA	29,400,000	
		<u>\$154,631,244</u>

GRAND TOTAL **\$270,030,056**

TABLE D.**PLANNED SUPPORT BY TYPE OF COMMUNITY-BASED SERVICE****NEW YORK CITY DEPARTMENT FOR THE AGING**

July 1, 2005 - June 30, 2006

	<u>FY 2006 PLANNED BUDGET</u>	<u>TOTALS</u>
<u>ACCESS SERVICES</u>		
Case Management	\$14,274,274	
Case Assistance/Counseling	15,765,664	
Transportation/Escort	9,480,863	
Information & Referral	<u>1,977,081</u>	
		<u>\$41,497,883</u>
<u>NUTRITION SERVICES²</u>		
Congregate Meals	\$47,357,804	
Home Delivered Meals	22,675,807	
Nutrition Education/Counseling	192,957	
Shopping Assistance/Chore	410,873	
		<u>\$70,637,441</u>
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	\$20,002,355	
Housekeeping/Heavy Duty Cleaning	4,886,614	
Social Adult Day Care/Respite	564,886	
Social Adult Day Services	2,278,914	
Friendly Visiting	281,807	
Telephone Reassurance	<u>243,360</u>	
		<u>\$28,257,935</u>
<u>LEGAL ASSISTANCE</u>		<u>\$1,321,192</u>

² Citymeals-On-Wheels no longer contracts through DFTA. The value of those contracts are not shown on this chart.

EMPLOYMENT RELATED SERVICES

Title V	\$4,262,441	
Foster Grandparent Program	<u>1,630,000</u>	
		<u>\$5,892,441</u>

OTHER SOCIAL/HEALTH PROMOTION SERVICES

Education/Recreation	\$19,469,681	
Health Promotion/Screening	1,074,064	
Intergenerational Service	1,007,055	
Residential Repair	<u>710,566</u>	
		<u>\$22,261,366</u>

**NATURALLY OCCURRING RETIREMENT
COMMUNITIES (NORCS)****\$3,773,322****FAMILY CAREGIVER SUPPORT**

Respite (Individual and Group)	\$3,113,456	
Information and Outreach	1,115,934	
Caregiver Services	328,198	
Supplemental Services	<u>202,500</u>	
		<u>\$4,760,087</u>

TOTAL SUPPORT: \$178,828,346

TABLE E.**PLANNED SERVICE LEVELS BY TYPE OF COMMUNITY-BASED SERVICE****NEW YORK CITY DEPARTMENT FOR THE AGING****July 1, 2005 - June 30, 2006**

	<u>PLANNED UNITS OF SERVICE</u>	
<u>ACCESS SERVICES</u>		
Case Management	364,059	Hours
Case Assistance/Counseling	327,679	Hours
Transportation/Escort	678,169	One-Way Trips
Information & Referral	306,129	Contacts
<u>NUTRITION SERVICES</u>		
Congregate Meals	9,450,867	Meals
Home Delivered Meals	3,622,850	Meals
Nutrition Education/Counseling	2,047	Contacts
Shopping Assistance/Chore	15,267	Hours
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	1,300,229	Hours
Housekeeping/Chore	319,644	Hours
Social Adult Day Care/Respite	37,710	Hours
Social Adult Day Services	35,428	Slots
Friendly Visiting	12,488	Visits
Telephone Reassurance	58,488	Calls
<u>LEGAL ASSISTANCE</u>	32,295	Hours
<u>EMPLOYMENT RELATED SERVICES</u>		
Title V	633	Positions
Foster Grandparent Program	355	Positions
<u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u>		
Education/Recreation	236,238	Sessions
Health Promotion/Screening	11,628	Sessions
Intergenerational Service	56,359	Hours
Residential Repair	10,399	Hours

<u>NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCS)</u>	51,475	Hours
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FAMILY CAREGIVER SUPPORT

Respite (Individual and Group)	40,282	Hours
Information and Outreach	41,699	Contacts
Caregiver Services	7,415	Sessions
Supplemental Services	6,719	Items

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